

FEB 27 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County JacksonRegistration District No. 1002Township KawPrimary Registration District No. 1City Kansas City(No. Research Hosp. 1)File No. 6358Registered No. 35St. Mo. Ward 12. FULL NAME Grace D. Toomey(a) Residence, No. 2242 E. 70thSt. Mo. Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Single5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1882

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, ..... hrs.

or ..... min.

541114

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.School Teacher9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)

11. Total time (years)

spent in this

occupation

34 years12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)ColumbusOhio

FATHER

## 13. NAME

Calvin Toomey14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Ohio

MOTHER

## 15. MAIDEN NAME

Caroline Bonham16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Ohio17. INFORMANT Gertrude Toomey  
(ADDRESS)2242 E. 70th

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. MoriahDATE Feb. 10, 193719. UNDERTAKER D.W. Newcomer's Sons  
(ADDRESS)20. FILED 2-9 1937 M.M. Crowe, Jr.  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from

12-231935 to Feb. 8 1937I last saw him alive on Feb. 6, 1937 Death is saidto have occurred on the date stated above, at 7:03 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of breast  
axillary glands.

Date of onset

(?)

Other contributory causes of importance:

Metastatic Carcinoma 4 yrs.  
Pleura, lungs &  
rib.Name of operation Radical mastectomy Date of 12-23-35What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Hunt, M. D.(Address) 1511 E. 10th

Prof. Bldg.  
Vi 0343